

## Application and Voucher for Refund of Postage, Fees, and Services (Use blue or black ink and print within the boxes.

Bout 4 Application (Occupated by southern and	
Part 1 - Application (Completed by customer) Customer/Company Name	
Mailing Address	Apt. or Suite No.
City	State
ZIP+4 Telephone No. (Includ	e Area Code)
Amount of Refund Request Customer	Account No.
\$,	
X Signature of Customer	Date of Request (MM/DD/YYYY)
Privacy Act Statement	
vant to a USPS decision concerning employment, security clearances, contracts, lic expert, consultant, or other person under contract with the USPS to fulfill an agency get for review of private relief legislation; to an independent certified accountant dur plaints examiner appointed by the Equal Employment Opportunity Commission for i Protection Board or Office of Special Counsel for proceedings or investigations invo as required by the National Labor Relations Act; to the Department of the Treasury address of the owner of leased property, or of the payee when different from the ow refund will not be considered.	S is a party of has an interest; to a government agency in order to obtain information rele- enses, grants, permits, or other benefits; to a congressional office at your request; to an function; to a Federal Records Center for storage; to the Office of Management and Bud- ing an official audit of the USPS finances; to an investigator, administrative judge or com- nvestigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems lving personnel practices and other matters within their jurisdiction; to a labor organization for cross-matching under the Treasury Offset Program; and to a requestor, the name and mer. Completion of this form is voluntary; however, if this information is not provided, a
Refund Requested For:	
Refund Stamps and Fees (GLA/AIC 553)	Postal Related Products (GLA/AIC 608) (e.g., merchandise)
Post Office PVI Error (Attach spoiled/misprinted PVI label to this form.)	Express Mail Refunds (GLA/AIC 676)
Delivery Confirmation (After 30 days)	(Postage and fees for service failure or not rendered)  Refund from Advance Deposit Account (GLA/AIC)
Refund of Special Service Fees (Service not rendered)	Customer Account Number:  Close Account (Full Refund)
Precanceled Stamps (GLA/AIC 525) (Damaged or overpayment of precanceled stamps)	Partial Refund (Active Account)
Spoiled/Unused Printed Customer Meter Postage (GLA/AIC 526) (Legible postage meter stamps must be submitted to USPS.)	Account Balance After Refund:
Permit Postage and Fees (GLA/AIC 528) (Damaged printed mailing, refund of annual fee.)	(Customer's Request Letter must be on file.)  Sure Money Refund Principal & Fee (GLA/AICs 645 & 646)
Refund of Fees and Retail Services (GLA/AIC 535) (PO Box keys and service fees)	Other Refunds:
Value Added Services (GLA/AIC 541) (Refunds to mailer for performing these services)	Explanation:
Part 2 - Verification of Refund (This area is for Official use on	ly)
Post Office	Approved Amount to Be Refunded
	\$ , ,
Post Office ZIP + 4	Finance Number and Unit ID
Certifying Employee Signature Date	Witness Signature Date

## Part 3 - Postage or Meter Stamps (Excluding PC Postage™)

(Group and list postage units or value)

The customer's meter must be licensed at the refunding office, and complete, legible, and valid unused meter stamps must be submitted by the licensee within 60 days from the dates shown on the indicia. Those produced by PC Postage systems are not refundable at the window.

Charges are assessed at 10% off the face value of the indicia, if the total is \$350 or less. If the total face value is more than \$350, a charge of \$35 per hour is assessed for the actual hours to process the refund; the minimum charge is \$35.

Meter Manufacturer

Meter Serial No.						
Meter License						
Number of Pieces	Amount Each	Po	stage Value			
Total Postage Face Value		\$				
Less Charges						
(10% of face value or \$35 per hour if over \$350. Minimum charge is \$35)		_				
Total to be Refunded		\$				
Post offices must destroy customer meter stamps to prevent						
reuse. The manager and a witness must sign to certify that the						
meter impressions listed above were destroyed.  Supervisor/Manager Signature Date						
Capel visoi/iviali	agor Oigilatule		Date			
Witness Signature			Date			
<b>0</b>						

## (For Official Use Only)

Part 4 - Special Service and Other Refunds				
(Note: Fees for registered, insured, and COD services are not ordinarily refundable.)				
Completely explain the reason for requested refund:				
Amount of Refund to Which Claimant is Entitled	Φ.			
(In accordance with USPS policy)	\$			
Part 5 - Receipt for Refund				
(If cash refund, obtain payee's signature below; if postal check or money order refund, enter check/money order number below.)				
Payee Signature or Check/Money Order No.:	Date			
Part 6 - Refund Not Processed at Local Post Office				
Post office will forward completed PS Form 3533, with certifying and witness				
signatures, to the authorized APARS input location. Customer will receive a USPS commercial check in the mail.				